

Application for Winter Disconnect Protection

INABILITY TO PAY DECLARATION FORM

IF YOU CAN'T PAY YOUR FULL BILLS AND NEED COLD WEATHER PROTECTION FROM UTILITY SHUTOFF, fill out this form and return it to ALP Utilities immediately.

NAME _____

SERVICE ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP _____

PHONE: HOME _____ WORK _____

ACCOUNT NUMBER FROM YOUR BILL _____

TOTAL AMOUNT YOU OWE \$ _____

Total annual (yearly) household income \$ _____

Source of income (circle appropriate sources):

Employment

Disability/Social Security/Pension

AFDC/GA

SSI/Food Stamps/MSA/Children's Health Plan

GA Medical Care/Medical Assistant/
I do not pay for any of my own medical expenses

other _____

Number of persons in household (include yourself) _____

Please circle if any of the following exists in your home: Medical emergency Disabled person in residence

Payment Arrangements (Inability to pay)

I propose to pay my outstanding and future bills according to the following schedule of payments:

\$ _____ by (date) _____.

\$ _____ by (date) _____.

\$ _____ by (date) _____.

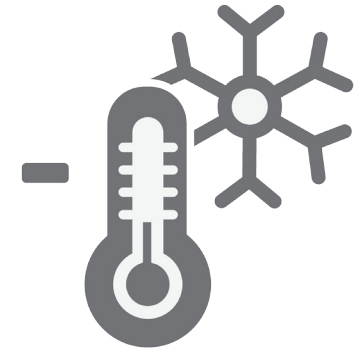
\$ _____ by (date) _____.

\$ _____ by (date) _____.

FILL OUT THIS FORM AND RETURN IT TO ALP UTILITIES IMMEDIATELY. CALL OR STOP BY THE UTILITY OFFICE TO DISCUSS YOUR PAYMENT SCHEDULE.

By signing this form, I hereby acknowledge that I have received, read and understand the Notice of Residential Customer's Rights and Possible Assistance. I declare that the above information is true and correct.

Customer's Signature _____ Date _____



COLD WEATHER PROTECTION

*Know your rights
and responsibilities*

ALP    UTILITIES

"Keeping us all connected"

316 Fillmore St., PO Box 609

Alexandria, MN 56308

1-800-267-8955

www.alputilities.com

Third Party Notification Form

If you have been served a notice of proposed disconnection by ALP Utilities, you may want to alert a third party (friend, relative, church group, or community agency) that a disconnection notice has been issued to you. The third party will not be responsible to pay your bill. The third party does have the right to contact the utility and provide information or work out a payment arrangement.

If you want a third party to be notified of the potential disconnection, please complete this form and return it to ALP.

Customer name _____

Account number _____

Service Address _____

Home Phone _____

Work Phone _____

Third Party _____

Third Party Address _____

City _____ State _____ Zip _____

Third Party Home Phone _____

Third Party Work Phone _____

Third Party Signature _____ Date _____

The utility has my permission to provide information to & accept information from the third party named above:

Customer Signature _____ Date _____

This request will not be accepted without the third party's signature. The customer making the request understands that the utility assumes no liability for failure of third party to act upon notification.

Notice of Residential Customer Rights and Possible Assistance

The Minnesota Public Utilities Commission has issued Cold Weather Rule which provides that from October 15 through April 15, a utility cannot disconnect a residential utility customer for nonpayment if the disconnection would affect your primary heat source and you enter into a mutually agreed upon payment schedule with your utility.

The purpose of this notice is to inform you of your rights and responsibilities under the Cold Weather Rule. These rights and responsibilities are designed to help you with winter utility bills. You must act PROMPTLY! If you choose not to assert your right or choose not to enter into a mutually acceptable payment schedule, your service may be disconnected.

Specifically, the Cold Weather Rule provides you with these options:

THE RIGHT to declare your Inability to Pay your utility bill. If you do so, your service affecting your primary heat source cannot be disconnected for nonpayment of your bill, if you enter into a mutually acceptable payment schedule with ALP. You have the right to appeal any proposed disconnection to ALP. You will have to provide us proof that you are unable to pay and were current in payments to ALP. Your service cannot be disconnected until this appeal is resolved.

THE RESPONSIBILITY, if you choose to declare the Inability to Pay, complete the "Inability to Pay" form on the other side of this brochure and return it to ALP within 10 days. If you mail this form, you must also contact ALP to arrange a payment plan

THE RIGHT to a mutually acceptable payment schedule with ALP. This payment schedule will cover your existing arrears plus the estimated usage during the payment schedule period. If you are able to pay but still wish to enter into a payment schedule, contact ALP immediately

to arrange a schedule. (This payment schedule may be arranged by your designated third party.)

THE RESPONSIBILITY of making payments as agreed or promptly notifying ALP why you cannot keep the agreement. You may then request that the original payment schedule be changed. Any change is initially subject to ALP's approval.

THE RIGHT to request that ALP notify a third party if your service becomes subject to disconnection. If you have requested third party notification, a copy of this notice has been sent to the third party.

THE RESPONSIBILITY to receive Budget Counseling from the local energy assistance provider or other financial counseling organization. Local agencies are listed below.

Disputes regarding the previously listed options can be appealed to your utility. Copies of the Cold Weather Rules are available at your local utility.

Where can you receive financial assistance?

If you need help paying your electric utility bills, you may qualify for state or federal fuel assistance. For complete qualifications and application information, contact your local county welfare of Community/Citizens' Action Council. These organizations may also provide budget counseling.

West Central Minnesota Communities Action, Inc. (Pope County)
411 Industrial Park Blvd.
Elbow Lake, MN 56531
(218) 685-4486, or 1-800-492-4805

Douglas County Social Services (Douglas County)
809 Elm Street P.O. Box 3001
Alexandria, MN 56308
(320) 762-2302